

## WORK HARDENING PROTOCOLS

### I. Definition

Work hardening is a highly structured, goal oriented, individualized treatment program designed to maximize the person's ability to return to work. Work hardening programs are multidisciplinary in nature with the capability of addressing the functional, physical, behavioral, and vocational needs of the person served. Work hardening provides a transition between the initial injury management and return to work, while addressing the issues of productivity, safety, physical tolerance, and work behavior. Work hardening programs use real or simulated work conditions in a relevant work environment in conjunction with physical conditioning tasks if necessary. The activities are used to progressively improve bio-mechanical, neuromuscular, cardiovascular-metabolic, behavioral, attitudinal, and vocational functions of the person served.

### II. Introduction

Guidelines have been established that define the nature, character, time duration and cost of physical/occupational therapy treatments. To briefly summarize, up to a total of nine (9) physical/occupational therapy treatments will be paid by an insurer/employer for services given to an injured worker. The treatment program can include therapy treatments embodied in the concepts of work simulation and work conditioning. The services will be compensated on a pay-per-visit basis (according to the fee schedule). There will be no additional charge for multiple treatment modalities utilized during the therapy services.

Work hardening programs are in use in the State of Rhode Island at the present time. As noted, the purpose of the work hardening program is to return the worker to his/her own job or a modified version of that job. The program can be utilized when other treatment (medical, PT/OT, etc.), has not been successful. The function of the work hardening program is to attempt to bridge the gap

between the patient who has some residual difficulties and the requirements of the job. In addition, the work hardening program may well recondition the patient and prevent reinjury. Work hardening is a time-consuming and costly procedure, and careful patient selection is of the greatest importance.

### III. Protocol

The following represents the general outline (protocol) for the evaluation of candidates for work hardening and for implementation of treatment.

a. A request for work hardening may be made by the treating physician or the insurer/employer.

b. All requests for work hardening will be forwarded to the Medical Advisory Board Administrator. The Administrator shall forward copies of the request to the appropriate parties. Appropriate forms and available clinical information will accompany the request.

c. The Administrator will promptly refer the work hardening request to an approved provider for evaluation and, if indicated, treatment. The referral will take into consideration factors of patient preference, Employer/Insurer preference, geographic locale, and availability of the facility for prompt evaluation. The Employer/Insurer will have the option to refer the injured worker to a specified center for re-evaluation and treatment if a program of work hardening is recommended. If there is a Preferred Provider Network (PPN) in place that includes work hardening facilities, the employer has the right to choose from the PPN.

d. The work hardening facility will submit a copy of the evaluation to the referring insurer/employer and the Medical Advisory Board within one week of the evaluation. This evaluation should include:

1. functional work capacity
2. musculoskeletal status
3. behavioral and attitudinal status as it relates to the work injury

4. vocational status
5. cognitive/perceptual status
6. medical status

The evaluation should document a benchmark from which to establish the initial treatment plan and/or the physical/functional/vocational disposition.

e. The treatment facility will submit the initial treatment plan.

Information will include:

1. name of the case manager
2. estimated time frame for treatment
3. estimated cost of services

f. It is anticipated that work hardening programs will include:

1. the practice, modification, and instruction of component work tasks through real or simulated work
2. the development of strength and endurance of the person related to the performance of work tasks
3. the education to teach safe job performance to prevent reinjury
4. the assessment of specific job requirements in relation to program goals through work site evaluation and/or job analysis
5. the provision of ergonomic recommendations to the employer which would facilitate and optimize the successful and safe return to employability
6. communication with the employer as to the person's present state
7. the provision of a mechanism to promote responsibility and
8. the identification of the person's transferable skills to facilitate return to work
9. the development of behaviors and attitudes that will improve the persons ability to return to work or to benefit from other rehabilitation efforts.

g. A brief, weekly report should identify progress to date toward goals of treatment. Changes in objective measures should be noted, e.g., amount of weight that can

now be lifted. This report should be sent to employer/insurer.

h. Work hardening programs may be conducted three to five days per week for a period of up to four weeks. Prior authorization will be required to continue treatment beyond four weeks.

i. A full reassessment of all objective measures must be completed at the end of the program or at the end of four weeks. If approval for continued treatment beyond the initial four weeks is requested, this reassessment must be forwarded to the insurer/employer. Rationale for continued treatment, proposed treatment extension, and cost of services must also be identified.

j. An exit/discharge summary shall be submitted to the referring physician, insurer/employer, and the Medical Advisory Board within seven working days of the exit/discharge date. This summary shall include:

1. reason for program termination
2. clinical and functional status
3. recommendations for return to work
4. recommendations for follow-up services

The final reassessment may be used in lieu of a separate summary if all of the information above is contained within.

k. The provider shall file a work hardening outcome survey with the Medical Advisory Board at three, six, and twelve month intervals, following completion of treatment. This survey shall be on a form provided by the Medical Advisory Board.

#### PROTOCOL HISTORY

Passed: 7/27/93  
Effective: 8/16/93  
Revised: 6/20/95  
Effective: 7/10/95